PTO/SB/22(06-09)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) Docket Number (Optional)							
FY 2009							
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)							
Application Number 10/679,123				October 3, 2003			
For FLUID		CESS FOR PRODUCING PULVURENT AC	CTIVE SU	JBSTANCE FORMU	LATIONS WITH COMPRESS	IBLE	
Art Unit 1615				Examiner Snigdha MAEWALL			
		quest under the provisions of 37 CFR 1.1 oplication.	36(a) to	extend the period for	r filing a reply in the above		
The re fee):	quest	ted extension and appropriate fee are as	follows (check time period de	esired and enter the appropri	iate	
			Fee	Small Entir	ty Fee		
	X	One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ <u>130.00</u>		
		Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$		
		Three months (37 CFR 1.17(a)(3))	\$1110	\$555	· —		
		Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$		
		Five months (37 CFR 1.17(a)(5))	\$2350	\$117	7 5 \$		
	□ Applicant claims small entity status. See 37 CFR 1.27.						
	□ A check in the amount of the fee is enclosed.						
	□ Payment by credit card. Form PTO-2038 is attached.						
	The Director has already been authorized to charge fees in this application to a Deposit Account.						
X	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>14-1263</u> .						
WARNING: Information on this form may become public. Credit card information should not be included on this form Provide credit card information and authorization on PTO-2038							
I am the □ applicant/inventor							
☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
☑ attorney or agent of record. Registration Number <u>27.552</u>							
☐ attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34							
/William C. Gerstenzang/ Signature					April 7, 2011 Date		
William C. Gerstenzang					(212) 808-0700		
	Typed or printed name Telephone Number						
if more	than or	ures of all the inventors or assignees of record of t n signature is required, see below.	he entire in	terest or their representa	tive(s) are required. Submit multipl	e forms	
□ то	tal of _	forms are submitted.					

This collection of information is required by 3° CFF 1.13(s). This information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) application. Confidentiality is purement by 30° U.S. C. 222 and 3° CFR 1.11 and 1.14. This collection is estimated to bate of minutes to complete, including spiritoring, propering, and submitting the completed application form to the USPTO. Time will very depending upon the needs of the individual case. Any comments on the amount of time variety or are required to complete this form and/or suppositions for reducing this business, should be earlied in the Child Information Officer, U.S. Patient and Trademark Officer, U.S. Department of Commerce, D.O. Box 1450 Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.